

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 20110415112227-2

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: 2011051393641-3

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: 20110415112227-3

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

458.33

**TOTAL** This Period (last page this line number only) .....